

STATE OF COLORADO

COMPANY CHECKLIST FOR SELF-INSURED EMPLOYER HEALTH BENEFIT PLANS UNDER ERISA FORM CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
All Excess Loss Coverage for Employer Health Benefit Plans under ERISA policy forms must be submitted with the certification form.	<ul style="list-style-type: none"> Must have current edition date 	§10-16-119, C.R.S.
Certification of Compliance	<ul style="list-style-type: none"> Must have company name (Name of Entity) It must contain an original signature of a company officer (President, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). <p><i>Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign).</i></p> <ul style="list-style-type: none"> If it is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors. This documentation must accompany each filing. The exact wording of the certification form must be used Must have current date 	§10-16-119, C.R.S. Colorado Regulation 1-1-6 Colorado Bulletin B-5.18
Policy forms	<ul style="list-style-type: none"> The actual form(s) must be submitted 	Colorado Bulletin B-5.18

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING.

FORM EXCESS LOSS

COLORADO EXCESS LOSS INSURANCE FOR SELF-INSURED EMPLOYER BENEFIT PLANS UNDER ERISA CERTIFICATION FORM

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF EXCESS LOSS INSURANCE FOR SELF-INSURED EMPLOYER BENEFIT PLANS UNDER ERISA;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS ATTACHED TO THIS CERTIFICATION;

WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, RULES, AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY KNOWLEDGE THAT THE POLICY FORMS ATTACHED AND FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* *If the individual signing the certification is other than the president, vice president assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*